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PTO/SB/01 (10-00)

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DECL	Attorney Doo	cket Number	VTN-5041			
AND POWER OF ATTORNEY FOR UTILITY OR DESIGN			First Named	Inventor	Jeffrey H. Roffman	
			COMPLETE IF KNOWN			
	APPLICATION  CFR 1.63)  Declaration Submode  Initial Filing (Sur	rcharge	Application N			
Declaration Submitted with Initial Filing			Filing Date			
	(37 CFR 1.16(e))		Group Art U	nit		
			Examiner Na	ame		
As a below named inventor, I hereby declare that:						
My residence, mailing address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
MULTIFOCAL LENSES HAVING A PINHOLE (Title of the Invention)						
the specification of which						
is attached hereto						
OR						
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country		Filing Date D/YYYY)	Priority Not Claime	Certified Copy ed Attached? YES NO	
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						

DECLARATION - Utility or Design Patent Application						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.				
I hereby daim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:						
Application Serial No.	Filing Date	Status				
		Patented Patented Patented				
I hereby appoint:		Diagram On A				
☑ Practitioners at Customer Number AND	000027777 →	Place Customer Number Bar Code Label Here				
Practitioner(s) named below:  Name  Registration Number						
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
Address all telephone calls to Lois A. Gianneschi at telephone number (732) 524-6351.						
Customer Number  Direct all correspondence to:						
Name:						
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Country	Telephone:	Fax:				

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: **Family Name** Given Name Roffman or Surname (first and middle [if any]) Jeffrey H. Inventor's Date Dec. 11, 2003 Signature State Florida **Country USA** Citizenship USA Residence: City Jacksonville Mailing Address 307 Edgewater Branch Drive ZIP 32259 **Country USA** State Florida Jacksonville I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: **Family Name** Given Name or Surname (first and middle [if any]) Inventor's **Date** Signature Citizenship Country Residence: City State **Mailing Address** ZIP Country State I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF THIRD INVENTOR: **Family Name Given Name** or Surname (first and middle [if any]) Inventor's **Date** Signature Citizenship Country State Residence: City **Mailing Address** ZIP Country State

City